PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

ective October 1, 2003	10	777,912

CLAIMS AS FILED - PART I						SMALL E	NTITY		OTHER	THAN		
TOTAL CLANAS			(Column	า 1)	<u>(Colu</u>	ımn_2)	1 .	TYPE [OR	SMALL	ENTITY
	OTAL CLAIMS	3				· 		RATE	FEE		RATE	FEE
FOR		NUMBER	NUMBER FILED N		BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20= *		* 7	Ø		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3 = *		Ø		X43=		OR	X86=	·	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column				column 2	i	TOTAL		OR	TOTAL	720		
CLAIMS AS AMENDED - PART II								* :	-	OTHER		
	-	(Column 1)		(Colum	n 2)	(Column 3)	-	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	*	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF ME	Minus	***	CLAINA	=		X43=		OR	X86=	
	111101111202	INTATION OF MI	JENIFEE DEF	ENDENT	CLATIVI			+145=		OR	+290=	
						*		TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	А	DDIT. FEE		3	ADDIT. FEE	
~		CLAIMS		HIGHE	ST		Г		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT (CLAIM		┟					
								+145=		OR	+290=	
							ΑI	TOTAL DDIT. FEE	· · · ·	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column	n 2),	(Column 3)		٠.				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
`	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	CLAIM		· -	740=		OR	700-	
* 14	the entry in colum	no 1 is loss than the			N# !=1		Ŀ	+145=		OR	+290=	
** [* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						ΔΠ	TOTAL DIT. FEE		OR	TOTAL	
T	***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											